



A Public Service Agency

FIELD OFFICE SERVICE QUESTIONNAIRE

The following questionnaire was developed to assist the Field Office Operations Division in determining the registration services workloads and special processing needs necessary to assign them to a field office which can support them. While every effort will be made to accommodate registration service preferences, should the assigned field office become over-saturated, work will be redirected to other sites.

COMPANY NAME

BUSINESS ADDRESS

STREET

CITY

ZIP CODE

MAILING ADDRESS

STREET

CITY

ZIP CODE

CONTACT PERSON

PHONE NUMBER

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A. Please provide the following information regarding the field office(s) where you currently do business:

OFFICE NAMES	TOTAL ITEMS SUBMITTED MONTHLY ON A LISTING SHEET	+	TOTAL ITEMS SUBMITTED MONTHLY OVER-THE-COUNTER	=	TOTAL ITEMS SUBMITTED MONTHLY
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1.

2.

3.

4.

5.

B. Please indicate any special processing needs you may have (e.g., lien sales, permanent fleet registration, delete from prorate, etc.) _____

C. Please provide the name(s) of other offices which would be convenient if your special needs could be met.

OFFICE NAMES

1.

2.

3.

4.

5.

Please refer all questions regarding this form to your local field office manager.